

REQUEST FOR AN ACCOMMODATION OF A HOUSING POLICY

DATE: _____

RE: Request for accommodation of policy at _____(ADDRESS)

Dear _____,
NAME OF PROPERTY OWNER/MANAGER

I qualify as an individual with a disability as defined by federal and state fair housing laws.

You have a building located at (ADDRESS)_____ where I am requesting an accommodation because of my disability. The particular policy or practice for which my reasonable accommodation is requested is _____
_____. Because of my disability, that policy would restrict my ability to use and enjoy an apartment in that building.

In accordance with my rights under federal and state fair housing laws, I am requesting that you make an accommodation for me regarding the policy referred to above and allow me to (ACCOMMODATION REQUESTED) _____

Please respond in writing, within ten working days, to my request for the above accommodation.

Thank you in advance for your attention to this important matter.

SIGNATURE

PRINTED NAME

The accommodation requested above by _____ (NAME OF TENANT)
is consistent with needs associated with this individual's disability.

SIGNATURE (of Medical Professional, Care Giver
or Person who has Professional Knowledge
of the Tenant's Disability)

PRINTED NAME AND TITLE

DATE